MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08925676

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	\					
2		1				
3		\				
4		\				
5						
6		2				
7		2				
8	1					
9		1				
10		\				
11						
12		4				
13		4				
14		4				
15		1				
16		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	26					
TOTAL CLAIMS	28					

		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	51						
	52						
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	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEP